

# The Politics of Developing a National Occupational Health Service in Sweden

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In a document submitted in the spring of 1975 to the European conference of the International Labor Organization, the Swedish unions presented their program for a national occupational health policy. In the statement\* there are two paragraphs which summarize what has become accepted union and government policy in this field:

"Today we can already discern a new pattern for the kind of conditions necessary for a genuine industrial democracy, founded upon achievements in the form of legislation and agreements between the two sides in industry. We can look forward in the future to a whole new system for planning and decision-making within industrial life. On the one hand, it is possible to discern the steering of industrial policy in more and more respects by society and, on the other hand, a steering of developments and objectives within working life, which are likely to be influenced to an ever-increasing extent by the views and preferences of employees themselves. Technical and economic judgements will come to an increasing extent to be integrated with considerations as to the employees' need for security, the right to work, the need for job satisfaction, for a good workplace environment and opportunities for the development of personality outside work in the strictest sense of the word.

"Tendencies of this kind at macro-level make the need for trade union effort in the field of the workplace environment even more urgent. In conjunction with the rapid technical development and rationalization great attention must above all be directed to the series of negative consequences for human beings, which tomorrow's highly complex form of industrial life may bring. Most importantly of all, this imposes the responsibility of building up, in good time, preparedness to be able to foresee the complex repercussions in the workplace environment that may arise during the course of such rapid technological change."

The report goes on to single out the following areas where resources must be concentrated:

- Chemical technologies;

- Well documented threshold limit values of hygiene;
- Cooperation from the employees in the setting up of standards;
- The use of data processing for the rapid compilation of data on hygiene measurements and on the effects on people in the form of sickness or mortality, a service which must be in the hands of the inspectorate;
- Safety and ergonomic aspects of design and production must be built in at the planning stage;
- The demands which society finds it desirable to impose must not be allowed to be compromised on the pretext that technical solutions are not available;
- Socio-psychological aspects in connection with the workplace environment must be paid due attention on the road to the post-industrial society (In this field we are setting up an institute to coordinate all research. The decision is made in connection with the new collective bargaining act in order to underscore that the work environment is indeed part of the efforts of bringing about more industrial democracy, of changing the power relationships in the workplace).

The term "health" is becoming increasingly broader, and the relationship between health in its widest sense and the environment, both physical and mental, is becoming more and more apparent. The relationship, therefore, between the internal workplace environment and the environment outside the workplace, the physical and mental, is becoming all the closer and more complex. We must continually and increasingly consider the total impact and the complex connection between factors relating to human beings themselves and those relating to their wider environment. Physical and mental factors are very closely related.

These trends mean that in the future we must not view the working environment in terms only or even mainly of job safety and of the well-defined industrial diseases as we have in the past. We shall have to extend our aims to include demands embracing health and job satisfaction in a wider sense. This implies a much greater responsibility for the union representatives. Concern for the working environment must be given priority by the unions—in the political field, in the bargaining process, and in the education effort. Training in legislation on individual protective aspects, rights, and

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\*"Report on the Workplace Environment" prepared jointly by the Swedish Trade Union Confederation (LO) and the Swedish Central Organization of Salaried Employees (TCO).

programs is only a minor detail in the greater educational job of broadening the outlook toward the wider areas of responsibility for the future. International cooperation both in systematic epidemiological studies and through international standard setting must be given special attention. Now is certainly not the time to disband the international tripartite body responsible for this work, the International Labor Organization (ILO).

In Sweden, problems of the working environment and of industrial democracy achieved a high priority both in political and trade union programs, especially during the 1960's. It was in this decade that the debate on the working environment and on enabling the employees to influence the design of the production process was waged with mounting intensity.

Above all, this debate touched off a series of concrete changes during the 1960's and 1970's, both in the form of legislation and in central agreements reached between the labor market parties.

The debate being waged on occupational health must be put into this more total context. It is appropriate here to cite a few recent laws passed in the early 1970's in Sweden, which included:

- A new safety and health act giving the elected safety stewards a key position in the work place; they can stop a machine or a process which they find to be dangerous to the workers, and it is the duty of the employer to prove that it is not dangerous;
- A new security of employment act which makes it very difficult for an employer to discharge workers and which forces him to plan ahead in cooperation with the union and public employment exchange;
- Provision for adjustment groups in the company involving the union and the employment exchange in the planning and engineering of jobs for handicapped workers which are hard to place;
- Involving worker members on the corporate board who seem to have become the leading "consultants" in the firms on work environment;
- A work environment fund financed through a levy on the wage bill, which now can spend close to \$20 million a year on work environment, research, and education;
- A new collective bargaining act will finally be passed early next year (1976). It will definitely change the power structure in the firm and allow the union to negotiate a number of things which are normally within the so-called "management rights". The act will also give the union the interpretative advantage over the employer. Major changes will have to be negotiated before they are made.

As to the integrated safety and health function in the enterprise, according to the agreement all work places are covered or will be covered by industrial health centers which are to operate either exclusively for one company or run cooperatively for several small work places. These industrial health centers spend more than half of their time curing sick work places rather than spending all their time curing sick people sending them back to the same old sick work places.

The wider adoption of occupational health programs, es-

pecially by the big firms, dates from the early 1950's. Occupational health then took on its modern, industrial-medicine focus, whose chief aims were to seek out factors in the working environment which precipitated ill health and to help clean up that environment to achieve optimal conditions for the employees. Occupational health acquired its special profile as a medico-engineering activity in partnership with hygienic and medical expertise.

But occupational health was still mainly run on the employer's terms, and it was still an activity which in many respects had to operate on the basis of technical and organizational factors that were more or less predetermined. Off and on, the debate has attached the "charlady" label to this type of occupational health program, as being a janitress compelled to "tidy up" the human problems strewn carelessly about by the company's engineers and accountants.

Occupational health was bound to enter in when the environmental debate started to wax fierce in the 1960's. The employees, in particular, pressed hard on occupational health as an important part of the pattern that would have to work if problems of the working environment were to be put on an equal footing with the technical and economic postulates of production planning.

Occupational health programs began to come under critical examination. Observers called attention to attendant risks of taking sides with the employer, arguing that such a nexus would discourage company medical departments from acting vigorously to push through demands for improved working environments. It was argued that some of these functions entailed risks for the employees. Among other things, health checkups and pre-employment examinations came up for debate, with concern voiced that medical departments might here be influenced by their dependency status to help weed out undesirable job applicants; that any information that employees entrusted to the doctor in confidence could be abused in contacts with the line supervisors. Anxiety was felt that the company doctor would be less inclined to put employees on the sick-list, if for no other reason than to make the firm's absentee record look good.

According to the labor movement, the solution lay in guaranteeing the objectivity of occupational health within the context of its continued integration with the corporate structure. The trade unions thought it essential, toward fulfilling the goals of an occupational health program, to have it live inside the firm as a continuing expert function at the service of the decision-makers, so as to be always ready to focus on the shifting problems that arise every day within a plant or office. That task accomplished, occupational health could then aim at its main objective, which is to help optimize environmental factors and work adjustment for the employees. If occupational health were to be rooted outside the firm, e.g., as part of the health and medical services offered by the community or by private consultants, it would turn into more of a controlling function, involving the risk that it might be regarded as an anti-business element.

With these and similar considerations as starting points, the labor movement set itself the task of providing the employees of private business organizations with better means of bringing real influence to bear upon internal occupational

health programs. One result of these endeavors was achieved in a central agreement, reached with the organized employers in 1967, which spells out guidelines for such programs.

The signatories to this agreement agreed to act jointly to extend occupational health programs to all firms, *pari passu* with the resources that the community could make available in the forms of trained company doctors, technicians of labor science background, company nurses, etc.

The following points were noted in the agreement: occupational health should be seen as a built-up part of a modern system of industrial welfare; it shall consist of a technical and a medical part; it shall be integrated in the corporate structure; and it shall be closely tied to internal organs of consultation between the local parties. Mentioned as appropriate forums for such cooperation at the local level were safety committees, works councils, or special occupational health boards.

The agreement's major component was the outline of two models for occupational health: the one, intended for big

companies, embodied full-fledged medical departments; the other, intended for small and medium-size firms, is meant to facilitate the common sponsorship of external occupational health centers, with executive responsibility for their operations vested in persons representing top management as well as the employees.

Yet another step towards enlarged worker participation was taken in 1974, when new labor welfare legislation came into force. The safety committee is now authorized by law to deal with matters of occupational health as well as accident prevention. Since this legislation became operative, the labor market parties have entered into new negotiations with a view to revising various contracts, among them the agreement on occupational health. In these discussions, which are now in progress, [November, 1975], the union spokesmen are seeking additional influence over company-run programs for their local chapters.

It is expected that an amendment to Sweden's OSHA Act will place the occupational health function in the plant directly under the union.

### **World Health Organization Fellowships Available to U.S. Health Workers**

A limited number of short-term fellowships, for travel abroad related to the "improvement and expansion of health services" in the United States, will be offered in 1977 by the World Health Organization. U.S. citizens engaged in operational or educational aspects of public health employed by governmental (non-federal) agencies or educational institutions are eligible.

In selecting applications, a special committee will consider the professional background of the individual, the field and locale of the study proposed, and the utilization of the experience by the applicant on his return. Employees of the federal government are not eligible. Applications will not be considered for the pursuit of pure research projects, for attendance at international meetings, nor from students in the midst of training at either the undergraduate or graduate level. Applicants may not be more than 55 years of age.

A fellowship award will cover per diem and transportation. Except in very unusual circumstances, it will be limited to short-term travel programs averaging about two months. Employers of successful applicants will be expected to endorse applications and to continue salary during the fellowships.

Priorities of award will be established up to the total of the funds available. The deadline for the receipt of completed applications is September 30, 1976.

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